

# C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/20/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Cervical radiographs and MRI studies of the cervical spine

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** DO, Board Certified Neurological Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☒ Partially Overturned (Agree in part/Disagree in part)

The patient has continuing chronic complaints of neck pain as well as occipital neuralgia. This has not improved over time despite medications. The patient had not been able to obtain approval for suboccipital blocks. Given the patient's chronic condition, updated radiographs of the cervical spine would be reasonable and medically appropriate to assess the prior fusion construct and the extent of adjacent level disease at C6-7. Guidelines would not support updated MRI studies of the cervical spine unless plain film radiographs were non-diagnostic for findings. Therefore, it is this reviewer's opinion that the proposed cervical radiographs would be medically necessary and standard of care per Official Disability Guidelines recommendations. Pending completion and review of radiographs of the cervical spine, it is this reviewer's opinion that MRI studies of the cervical spine are not medically necessary and the prior denials regarding this diagnostic test remain upheld.

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is this reviewer's opinion that the proposed cervical radiographs would be medically necessary and it is this reviewer's opinion that MRI studies of the cervical spine are not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who was injured on XX/XX/XX after she fell. The patient has been followed for complaints of chronic neck pain and occipital neuralgia following a prior C4 to C6 anterior cervical discectomy and fusion. Older MRI studies from xxxxx noted a disc protrusion at C3-4 with right uncinat hypertrophy causing mild right cord indentation with moderate central and right foraminal narrowing. The patient reported no substantial improvements following the cervical fusion in xxxxxx. Treatment has included medications. The patient had been followed for continuing chronic complaints of neck and trapezial pain. This was not improving with medications and the patient was unable to obtain approval for occipital nerve blocks. As of xxxxx, the patient's physical examination noted tenderness in the suboccipital regions, right more so than the left. There were well-circumscribed trigger points in the right trapezial area. There was limited range of motion of the cervical spine with chronic hypoesthesia in the left 4th and 5th fingers. Motor strength was intact at 5/5 and reflexes were 2+ and symmetric. There was a letter from dated xxxxx which indicated the patient had increased symptoms in the upper

extremities and epidural steroid injections were being considered if the protrusion at C6-7 has increased. It was felt that this would probably improve neck spasms and trigger points.

The requested MRI study of the cervical spine was denied on xxxxxx as there was no evidence on physical examination of new neurological deficits or other significant findings that would support repeat MRI studies.

The request was again denied on xxxxxx as there had been no updated imaging recently to support MRI studies of the cervical spine or any significant change in symptoms or findings suggestive of significant pathology. The reviewer did recommend radiographs of the cervical spine; however, a peer-to-peer conversation did not occur and the request could not be modified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has continuing chronic complaints of neck pain as well as occipital neuralgia. This has not improved over time despite medications. The patient had not been able to obtain approval for suboccipital blocks. Given the patient's chronic condition, updated radiographs of the cervical spine would be reasonable and medically appropriate to assess the prior fusion construct and the extent of adjacent level disease at C6-7. Guidelines would not support updated MRI studies of the cervical spine unless plain film radiographs were non-diagnostic for findings. Therefore, it is this reviewer's opinion that the proposed cervical radiographs would be medically necessary and standard of care per Official Disability Guidelines recommendations. Pending completion and review of radiographs of the cervical spine, it is this reviewer's opinion that MRI studies of the cervical spine are not medically necessary and the prior denials regarding this diagnostic test remain upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)